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To:

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From:

Account Name : INCORPORATING SERVICES FL

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: (850)656-7956

Phone Fax Number

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\*\*Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Deborah.McQutcheon@wbd-us.com

## FLORIDA PROFIT/NON PROFIT CORPORATION BNH2018 Holding Corp.

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: BNH2018 He	
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
85 Avenue De la Mer, Unit 1102	
Palm Coast, Florida 32137	
ARTICLE III PURPOSE The purpose for which the corporation is organized	for transacting any or all lawful business permitted under the Laws
of the United States and of the State of Florida.	
	· .
RTICLE IV SHARES	
he number of shares of stock is:	**************************************
URTICLE V INITIAL OFFICERS AND/OR D	IRECTORS
	Name and Title:
4	Address;
Name and Title	
	Name and Title:
	Address:
· · · · · · · · · · · · · · · · · · ·	
Name and Title:	Name and Title:
A defrace	Address:

Name and Title:		Naroc and Title:	
Addre	36	Address:	
•			
ARTICLE VI	REGISTERED AGENT	·	
The name and	Florida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name:	Incorporating Services, Ltd.	,	
Address:	1540 Glenway Drive	· ·	
	Tellahassee, FL 32301	<del></del>	
ARTICLE VII	INCORPORATOR		
		- J	
inc name and a	ddress of the lacoparator is:		
Name:	Deborah A. McCutcheon	<del>-::</del> :	
Address:	8065 Leesburg Pike, Suite 400	Ti ii i	
	Tysous Corner, VA 22182-2738	<u>—</u>	
Effective date, if	EFFECTIVE DATE: Other than the date of filing: late is listed, the date must be specific and ca		
Note: If the date the document's e	inserted in this block does not meet the applic ffective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as	
	The state of the s	vess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity	
Required Signature Registered Agent		réary 9/20/18 Date	
Submit this doc locument to the 1	ument and affirm that the facts stated herein Department of State constitutes a third degree for	are true. I am aware that the false information submitted in a close as provided for in \$817.155 F.S.	
Muura	M. M. Cutchun	September 20, 2018	
vacinn	red Signature/Incorporator	Do:c	